

Jacobus, (A.M.) et

A CASE OF CONGENITAL HERNIA OF THE ABDOMINAL VISCERA AND LEFT LUNG.

PRESENTATION OF THE HERNIAL SAC, LEFT ARM,
AND SHOULDER—PODALIC VERSION.¹

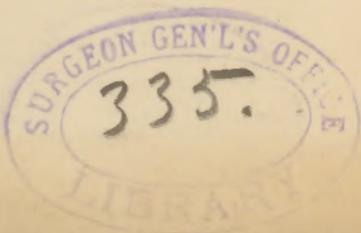
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MRS. L——, aged twenty-four, primipara, and pregnant since last menstruation, December 16, 1886, enjoyed good health, but suffered from morning sickness throughout pregnancy. By advice of friends Mrs. L—— was in the habit of taking long walks, daily, until term. During the last two months of pregnancy she experienced much pain, at intervals, in the right uterine region, and also a "pressure on the stomach." On two occasions the pains were very severe, and she thought labor had commenced. On September 15, 1887, nine months after last menstruation, the patient was awakened at 5 A.M. by a sudden and profuse discharge of water from the vagina. Water, mixed with blood-clots and faeces, continued to flow at intervals during the day, and though the patient was urged to walk about, pains did not commence until after 7 P.M. the same day. I was then sent for, and upon

¹ Specimen presented at the Stated Meeting of the Northwestern Medical and Surgical Society, October 19, 1887.



arrival found the patient walking about the room and complaining of severe pain in the right side at each recurrence of the labor pains. The patient stated that the foetus had been very active up to 3 P.M., but since that time no movements had occurred. An examination per vaginam revealed the cervix widely dilated, and protruding from it, to the left, the left arm of the foetus, and to the right a large mass, or sac. The amniotic fluid had entirely escaped from the uterus, the latter being firmly contracted around the foetus. The head could only be made out by external palpation, and was found above the brim, to the left. The body was directed obliquely upward to the right. The mass, or sac, could not be satisfactorily diagnosed, as the vagina was small and the patient disinclined to permit a thorough examination. It felt something like a placenta, with some fluid in a portion of the membranes. At first, owing to the history of free hemorrhage during the day, *placenta prævia lateralis* was suggested to my mind. Later, when the patient permitted a better examination, such a condition was excluded, as no uterine attachment could be made out, while the mass, or sac, was found to extend well up into the uterus and appeared to be connected to the child. As the patient was very intractable and would not allow any manipulation toward correcting the abnormal presentation, anaesthesia was suggested and readily consented to. Dr. Alexander S. Hunter kindly came to my assistance, verified the conditions as reported, and administered chloroform. As attempts to push up the arm, or bring down the head, failed, podalic version was decided upon. Owing to the obliquity of the child and the contracted condition of the uterus, version was a difficult task. When the legs were brought down the sac ruptured. As the hips presented externally, a dark mass also protruded from the vagina. This proved to be, to my surprise, a mass of intestines.

The delivery of the shoulders was difficult, owing to the presence of a body twice as large as a door-knob,

which also occupied the vagina. This proved to be the foetal liver. The head soon followed the delivery of the shoulders, and then our suspicions as to a malformed child were confirmed. The body was in a condition of complete right lateral curvature of the spine. This was probably due to the oblique position in which the foetus had been carried, and the hernia of the abdominal viscera. On close examination it was found that there was an absence of the abdominal wall of the foetus to the left of the umbilicus, and extending to the sternum and ribs. This opening was fully two and a half inches in diameter. The sac previously mentioned was attached around its border, and was slightly larger than a pint measure. It was translucent, excepting at its border, where it was opaque and gradually merged into true skin. The wall of the sac was composed of two layers, probably peritoneum and amnion. The abdominal cavity was almost void. From the opening the foetal stomach, intestines, liver, spleen, left kidney, and fundus uteri were completely extruded. The diaphragm was also lacking on the left side, and there was an opening into the left pleural cavity through which the lung protruded. The heart was displaced to the median line, below the sternum, but was covered with integument. The placenta appeared to be normal, and came away with the umbilical cord, which had been torn from the foetus in the delivery. Its original attachment to the umbilicus and liver could be seen. The liver was enlarged and quite round. The child had a full-sized head, but the body was undersized, and the whole weighed, nine hours after delivery, four and a half pounds. After confinement the family was questioned, and, excepting the possible effects of the long daily walks, no cause for the peculiar condition could be found. There had been no maternal impressions, and the mothers of the patient and her husband had each given birth to a number of healthy and sound children.

The patient received no vaginal injections until after

the fifth day, but was washed externally, as necessary, with a weak carbolic solution. There was no rise of temperature, and she was about the house, as usual, in ten days. The breasts were bandaged tightly from the time of delivery, and anointed night and morning with hot lard. Excepting a slight tumefaction on the third day, there was no disturbance or secretion of milk. The case is unique and interesting, owing to the difficulty in making a diagnosis, as well as the complicated position and delivery.